



DEPARTMENT OF THE NAVY

NAVY RECRUITING DISTRICT NEW YORK
990 STEWART AVENUE
2ND FLOOR, SUITE 220
GARDEN CITY, NY 11530-4858

NAVCRUITDISTNYINST 1051.1F

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5 OCT 15

NAVCRUITDIST NEW YORK INSTRUCTION 1051.1F

Subj: SICK IN QUARTERS (SIQ) PROCEDURES AND CONVALESCENT LEAVE
POLICY

Ref: (a) MILPERSMAN 1050-180
(b) MILPERSMAN 1050-190
(c) Manual Medical Department, Chapter 18

Encl: (1) NAVHOSPLEM 6320/272 (Medical Record-Supplemental Medical Data)

1. Purpose. To establish policy and procedures regarding Sick-in-Quarters (SIQ) and convalescent leave per references (a) through (c). Leading Petty Officers, Divisional Leading Chief Petty Officers, Division Officers and Department Heads are responsible to ensure the health and well being of personnel under their cognizance and to ensure that the chain of command is adequately informed and apprised of all personnel who have been placed SIQ or on convalescent leave.

2. Cancellation. NAVCRUITDISTNYINST 1051.1E

3. Policy

a. Member informs chain of command of ailment and plan to visit a Military Treatment Facility (MTF), Veterans Administration Hospital or Primary Care Manager.

b. Member must apprise their chain of command immediately regarding diagnosis and disposition or recommendation for treatment. If undergoing surgery, submit a request for surgery and convalescent leave recommendation, enclosure (1).

c. Members placed in an SIQ status will route SIQ chit to the Commanding Officer (CO) thru the Command Master Chief. Member will phone muster with their Supervisor by 0900 every working day. SIQ recommendations longer than 72 hours – requires CO approval.

d. SIQ that is more than 72 hours and all convalescent leave requests will be approved by the CO.

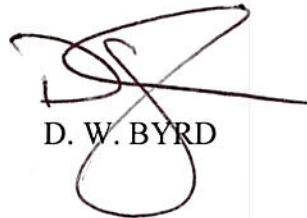
e. Service members requiring surgical procedures or procedures that will result in a change of duty status are required to obtain prior authorization from the CO prior to procedure date unless considered life threatening. Service members will route enclosure (1) through the chain of command for review and final approval by the CO. Once approved, enclosure (1) will be uploaded via NSIPS to reflect actual dates approved and submit convalescent leave request to CO for NSIPS tracking.

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f. The member shall apprise their chain of command of any changes to their medical status immediately.

g. At the end of the SIQ period, the member shall return to their designated place of duty unless otherwise directed.

h. At the end of convalescent leave, the member shall return to the MTF or health care facility for evaluation and duty status determination unless otherwise indicated on their discharge instructions.



D. W. BYRD

ME L RECORD - SUPPLEMENTAL MEDICAL DATA 5 OCT 15

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT (Title and Number)

NAVHOSP LEMINST 6010.17H Medical Staff Policies and Procedures

ISSUANCE DATE

02Feb2010

LOCAL FORM TITLE (Optional)

REQUEST FOR ELECTIVE SURGICAL PROCEDURE APPROVAL AND CONVALESCENT LEAVE RECOMMENDATION

From (Clinic): _____

Patient: _____ Rate/Rank: _____ SSN: _____

Procedure: _____

Date of Procedure: _____

Estimated length of Admission: _____ days

Recommended days of Convalescent Leave: _____

Estimated days of Light Duty: _____

Restrictions: _____

Is a Limited Duty (LIMDU) Board anticipated? ☐ Yes ☐ NoImpact if denied: _____
_____1. You are issued this notice concerning your scheduled surgical procedure at Naval Hospital Lemoore. The Surgeon may recommend convalescent leave after your surgery. Only your command may authorize convalescent leave.2. You are required to have this endorsed by your chain of command before completing part two of your pre-operative counseling. If not, your surgery will be cancelled without your command's approval.

3. Bring this completed form and leave request, if approved, with you to your pre-operative counseling appointment.

Signature of attending Provider: _____

Commanding Officer or Designee: _____
(Final approval authority)

PRACTITIONER'S NAME

PRACTITIONER'S SIGNATURE

DATE

PATIENT'S IDENTIFICATION: (For typed or written entries, give:
Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPARTMENT / SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN

RELATIONSHIP TO SPONSOR